

The Failing Heart of Middle Life. By Robert W. Langley, M. D., Los Angeles.

Subacute Bacterial Endocarditis. By William H. Leake, M. D., Los Angeles.

The Heart in Hypertensive Disease. By Arthur Stanley Granger, M. D., Los Angeles.

**Southwestern Medical and Surgical Association.**—The Southwestern Medical and Surgical Association held its annual meeting at El Paso, Texas, December 7, 8, and 9. The first day was entirely devoted to allergy, the second to tuberculosis, and the third to goiter.

**American Association for the Study of Goiter.**—The American Association for the Study of Goiter, for the fifth time, offers \$300 as a first award, and two honorable mentions for the best essays based upon original research work on any phase of goiter presented at their annual meeting in Cleveland, Ohio, June 7, 8, and 9, 1934. It is hoped this will stimulate valuable research work, especially in regard to the basic cause of goiter.

Competing manuscripts must be in English, and submitted to the corresponding secretary, J. R. Yung, M. D., 670 Cherry Street, Terre Haute, Indiana, not later than April 1, 1934. Manuscripts received after this date will be held for the next year or returned at the author's request.

The first award of the Memphis, Tennessee, 1933 meeting was given Anne B. Heyman, A. B., M. S., University of Michigan, Ann Arbor, Michigan, "The Bacteriology of Goiter and the Production of Thyroid Hyperplasia in Rabbits on a Special Diet."

Honorable mentions were awarded J. Lerman, M. D., and W. T. Salter, M. D., Huntington Memorial Hospital, Boston, Massachusetts, "The Calorigenic Action of Thyroid and Some of Its Active Constituents." Prof. Dr. Stefan Konsuloff, Sofia, Bulgaria, "Experimental Studies on Etiology of Goiter."

**American Medical Association Scientific Exhibit at Cleveland.**—Application blanks are now available for space in the scientific exhibit at the Cleveland session of the American Medical Association, June 11 to 15, 1934. The Committee on Scientific Exhibit requires that all applicants fill out the regular application form, and requests that this be done as early as convenient. The final date for filing applications is February 26, 1934. Persons desiring to receive application blanks should address a request to the Director, Scientific Exhibit, American Medical Association, 535 North Dearborn Street, Chicago, Illinois.

**The First Course in Race Hygiene.**—In August the first course in race hygiene for physicians was organized at the University of Halle. More than five hundred physicians, about one-third of all the physicians in that area, are taking the course. At the end of one or two years, the government medical commissar has announced, all physicians of Germany will be required to furnish evidence that they have taken such a course. In Saxony a law to that effect has already been enacted; Prussia and the remaining German *länder* will soon follow. Privatdozent Kürten, the director of the course, called attention in his introductory lecture to the trail blazed by America in the field of race hygiene. Measures that scientists of all countries have long since demanded but that have never been carried out, Germany will now make a reality. The course as organized consists of: introduction to ethnology, theory of hereditary transmission in man, race hygiene and the recent legislative enactments in Germany in this field.—*Journal of the American Medical Association*, Vol. 101, No. 12.

## CORRESPONDENCE

**Subject of following letter: A communication from the California Director of Public Health on the retirement of President John H. Graves from the California State Board of Health.**

**To the Editor:**—At the meeting of the California State Board of Health held at San Francisco on November 4, 1933, Dr. John H. Graves, who had submitted his resignation as a member of the State Board of Health to Governor James Rolph, introduced his successor, Dr. Hubert Morrow of the University of California. After Doctor Morrow had been inducted into office as a member, the Board elected Doctor Morrow president.

The attached resolutions were passed by a standing vote of the members to express their appreciation of the services rendered by Doctor Graves as president of the California State Board of Health during the last eighteen months.

Very truly,

GILES S. PORTER, *Director.*

### RESOLUTIONS

WHEREAS, Because of other official and professional responsibilities, Dr. John H. Graves of San Francisco has seen fit to submit his resignation as a member of the Board of Public Health of the State of California to his Excellency, Governor James Rolph, Jr.; and

WHEREAS, During his term of service as a member and as president of the State Board of Public Health, he has given faithful and most efficient service to the state, and has been responsible for constructive changes in administration that should work in large measure to the best interests of the public health; now, therefore, be it

**Resolved**, That the Board of Public Health of the State of California, in regular session assembled at San Francisco on November 4, 1933, herewith expresses the appreciation of its members, individually and collectively, of the services which have been rendered by Dr. John H. Graves, for the excellent manner in which he has presided at the Board meetings, and for his efficient and loyal supervision of the administration of the policies and actions of this Board; and be it further

**Resolved**, That these resolutions be placed in the minutes, that a copy be printed in the "Bulletin of the California Board of Public Health," and that a copy be sent to the official journal of the California Medical Association.

**Treatment of Tetanus.**—Yodh briefly reviews 229 cases of tetanus, in the treatment of which antitoxin was used. Fourteen of these patients did not receive serum, of whom two with the disease in an extremely mild form recovered. The remaining cases were divided into two groups of 102 and 112. Patients in the group of 102 received an average dose of antitoxin of from 30,000 to 40,000 units intravenously and intramuscularly; 36 of these patients recovered and 66 died. In the group of 112 cases the antitoxin was administered intrathecally in the cisterna magna, as well as intravenously, intramuscularly, and subcutaneously; 59 patients recovered and 53 died. The author believes that the following facts have been established: (1) The use of tetanus antitoxin in the treatment of tetanus is perfectly rational, is absolutely necessary, and should be used early and in large doses. (2) The combined intrathecal (cistern puncture), intravenous and intramuscular method of administration is superior to all the others. It definitely lowers the mortality rate and ameliorates the symptoms far more than does treatment by the intravenous and intramuscular routes alone. (3) The administration of the antitoxin into the cisterna magna is preferable to the lumbar puncture, as the former is nearer the vital centers. This method quickly neutralizes any toxin that might be there and is much easier to perform. (4) The cistern puncture, properly performed, has no dangers. Not one fatality could be attributed to the administration of the antitoxin by that route directly in the group of 112 cases. If the needle is not pushed beyond 5.5 to 6 centimeters in adults there is no danger of puncturing the medulla. The author concludes that as the value of convalescent serum has been established in some infective conditions, it may be profitable to try its use in tetanus. Serum could be collected from convalescent patients and preserved for use in the place of the usual antitoxin.—*British Medical Journal*.